CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit

•	Questions from Administrative Law Judges may be submitted of where the hearing took place, with a copy of the form directed to the copy of th	directly to	the CalFresh Policy analy	st assigned responsibility to the coun
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	
	✓ Policy/Regulation Interpretation	J.	04/14/2014	NEED RESPONSE BY: as soon as possible
	QC	6.	COUNTY/ORGANIZATION:	as soon as possible
	☐ Fair Hearing		Sacramento County	
	Other:	7.	SUBJECT:	
~~~~			House Arrest	
2.	REQUESTOR NAME: Damon Adare	8.	REFERENCES: (Include ACL/A	CIN, court cases, etc. in references) a regulation cite(s) and/or a reference(s).
3.	PHONE NO.: 916-875-3521		N/A	
4.	REGULATION CITE(S): none available			
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		7000	
10.	REQUESTOR'S PROPOSED ANSWER:			***************************************
	According to Meid-cal regulations they are not considered would apply if CF can mirror Medi-cal	d a resic	lent of an institution. In tl	nat case regular HH comp rules
11	STATE POLICY RESPONSE (CERR LIGHT ONLY)			
	STATE POLICY RESPONSE (CFPB USE ONLY):			
,	STATE POLICY RESPONSE (CFPB USE ONLY):  House Arrest is an electronic monitoring program in which of prison. An individual may apply and be approved for Cawhose house arrest is due to certain drug felonies, a violate eligible for CalFresh.	מסמיתוב	け りの/ひりの ひのむのむへっ っぴっぴゃ	Plant Printer and the company of the
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Other:	7.	7. SUBJECT:		
REQUESTOR NAME:	8.	REFERENCES: (Include ACL/ACIN, court cases, etc. in references)     NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
. PHONE NO.:				
REGULATION CITE(S):				

CF 24 (7/12)